

New York Medicare Advantage and Cost Prescription Drug Plans

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Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Aetna Health, Inc.	Aetna Golden Medicare Value Plan	20%	\$0.00	•							•	•			•	82
	Aetna Golden Medicare Value Plan	16%	\$0.00	•					•			•			•	82
	Aetna Golden Medicare Standard Plan w/Rx	7%	\$31.78	•							•	•			•	82
	Aetna Golden Medicare Standard Plan w/Rx	20%	\$35.83	•					•			•			•	82
	Aetna Golden Medicare Standard Plan w/Rx	16%	\$36.71	•								•			•	82
	Aetna Golden Medicare Premier Plan	20%	\$58.39	•					•			•	•		•	95
	Aetna Golden Medicare Premier Plan	16%	\$58.39	•					•			•	•		•	95
AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	26%	\$22.49	•							•				•	78
CDPHP Medicare Choice	CDPHP Medicare Choice with Part D	5%	\$32.94	•					•			•			•	94
Empire BlueCross BlueShield	Senior Plan Direct PPO Plus	7%	\$29.00		•				•			•			•	94
	Senior Plan Direct PPO Plus	37%	\$29.00		•				•			•			•	94
	Senior Plan Direct PPO Plus	8%	\$29.00		•				•			•			•	94
	Senior Plan Direct PPO Plus	8%	\$29.26		•				•			•			•	94
Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	37%	\$0.00	•					•			•			•	94
	Senior Plan Direct Plus	7%	\$19.00	•					•			•			•	94
	Senior Plan Direct Plus	8%	\$29.00	•					•			•			•	94
	Senior Plan Direct Plus	8%	\$29.00	•					•			•			•	94
Excellus Health Plan, Inc.	Medicare Blue PPO - THREE	1%	\$17.54		•					•		•			•	87
	Medicare Blue PPO - TWO	1%	\$17.54		•				•			•			•	87
	Medicare Blue PPO - THREE	1%	\$17.64		•					•		•			•	87
	Medicare Blue PPO - TWO	1%	\$17.64		•				•			•			•	87
	Medicare Blue PPO - THREE	6%	\$21.13		•					•		•			•	87
	Medicare Blue PPO - TWO	6%	\$21.13		•				•			•			•	87
	Univera Medicare PPO 102	10%	\$21.85		•					•		•			•	87
	Medicare Blue PPO - THREE	2%	\$22.78		•					•		•			•	87
	Medicare Blue PPO - TWO	2%	\$22.78		•				•			•			•	87
	SeniorChoice Secure	10%	\$22.88	•					•			•			•	87
	Medicare Blue PPO - THREE	3%	\$23.31		•					•		•			•	87
	Medicare Blue PPO - TWO	3%	\$23.31		•				•			•			•	87
	Medicare Blue PPO - Plan 201	6%	\$23.83		•					•		•			•	87
	Medicare Blue Choice Optimum	6%	\$24.10	•					•			•			•	87
	Blue Choice Senior	6%	\$24.54					•	•			•			•	87
GHI Medicare Choice PPO	GHI Medicare PPO Plus	37%	\$0.00		•				•			•			•	85
	GHI Medicare PPO Premier	37%	\$0.00		•				•			•	•		•	85
	GHI Medicare PPO II	27%	\$20.00		•				•			•			•	85
	GHI Medicare PPO Value	37%	\$22.46		•						•	•			•	85
	GHI Medicare PPO Value	7%	\$22.46		•						•	•			•	85
	GHI Medicare PPO III	27%	\$30.00		•				•			•	•		•	85
Health Net Of NY	Health Net SmartChoice for New York	28%	\$0.00	•					•			•			•	96
	Health Net SmartChoice for New York	28%	\$17.02	•							•	•			•	96
	Health Net SmartChoice for New York	28%	\$17.61	•					•			•			•	96
Healthfirst Medicare Plan	Healthfirst 65 Plus Plan	34%	\$0.00	•					•			•			•	76
	Healthfirst Increased Benefits Plan - 1	34%	\$29.83	•							•	•			•	76
	Healthfirst Life Improvement Plan	34%	\$29.83	•							•	•			•	85
	Healthfirst Maximum Plan	34%	\$29.83	•							•	•			•	85
Healthfirst PPO	Healthfirst PPO Complete Plan	34%	\$30.79		•				•			•			•	76
HealthNow New York, Inc.	Senior Blue 402	10%	\$57.29	•							•	•			•	88
	Traditional Blue Medicare PPO 202 Plus	10%	\$57.29		•						•	•			•	88
	HealthNow Medicare Secure HMO 4.2	5%	\$77.15	•							•	•			•	88
	HealthNow Medicare Secure PPO 2.2	5%	\$77.15		•						•	•			•	88
	Senior Blue 402	7%	\$77.95	•							•	•			•	88
	Traditional Blue Medicare PPO 202 Plus	7%	\$77.95		•						•	•			•	88
	Senior Blue 406	10%	\$87.55	•					•			•			•	88
	Traditional Blue Medicare PPO 203 Enhanced	10%	\$87.55		•						•	•			•	88
	Senior Blue 406	7%	\$107.15	•					•			•			•	88
	Traditional Blue Medicare PPO 203 Enhanced	7%	\$107.15		•				•			•			•	88
HIP Health Plan of Greater New York	Open Access A	37%	\$0.00	•					•			•			•	87
	Open Access A	8%	\$0.00	•					•			•			•	87
	Standard A	37%	\$0.00	•					•			•			•	87
	Standard A	8%	\$0.00	•					•			•			•	87
	Open Access A	13%	\$40.70	•							•	•			•	87
	Standard A	13%	\$40.70	•							•	•			•	87

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Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Hip Insurance Company Of New York	HIP PPO	37%	\$40.70		•						•				•	87
	HIP PPO	8%	\$40.70		•						•				•	87
	HIP PPO	13%	\$40.70		•						•				•	87
Independent Health	Encompass 65 Basic with Rx	10%	\$0.00	•							•					87
	Encompass 65 with Rx	10%	\$32.08	•							•					87
	Medicare Passport Plan PPO with Rx	10%	\$32.08		•						•					87
	Encompass 65 Extra	10%	\$46.93	•					•			•				89
	Medicare Passport Plan PPO Premier	10%	\$51.78		•				•			•				89
Liberty Health Advantage, Inc.	Preferred Choice	44%	\$0.00	•					•			•	•			96
	Dual Power - Nassau	8%	\$29.83	•							•					96
	Dual Power - NYC	37%	\$29.83	•							•					96
Neighborhood Health Providers	Neighborhood Medicare Supreme	34%	\$27.21	•							•				•	89
	Neighborhood Medicare Plus Rx	34%	\$29.83	•							•				•	93
New York State Catholic Hlth Plan Inc	Fidelis Advantage Plus Pharmacy	3%	\$33.53	•					•			•			•	94
	Fidelis Dual Advantage Medicare/Medicaid	2%	\$34.01	•							•				•	94
Oxford Health Plans (NY), Inc.	Oxford Medicare Advantage Balance	31%	\$0.00	•					•			•			•	96
	Oxford Medicare Advantage Balance	8%	\$0.00	•					•			•			•	96
	Oxford Medicare Advantage Mosaic	37%	\$0.00	•					•			•			•	96
	Oxford Medicare Advantage Signature	37%	\$0.00	•					•			•			•	96
	Oxford Medicare Advantage Signature	8%	\$0.00	•					•			•			•	96
	Oxford Medicare Advantage SNP	37%	\$24.90	•					•			•			•	96
Preferred Care	Preferred Care GoldRx	7%	\$35.60	•					•			•			•	96
Rochester Area Health Maintenance Org.	Preferred Care GoldAnywhereRx	7%	\$35.39	•	•							•			•	96
Touchstone Health Partnership	American Freedom	28%	\$0.00	•					•			•	•		•	96
	American Freedom	7%	\$0.00	•					•			•	•		•	96
	American Freedom	5%	\$0.00	•					•			•	•		•	96
	American Value	28%	\$0.00	•					•			•	•		•	96
	American Value	7%	\$0.00	•					•			•	•		•	96
	American Value	5%	\$0.00	•					•			•	•		•	96
	American Advantage	28%	\$30.90	•					•			•	•		•	96
United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx	37%	\$0.00		•				•			•			•	96
	UnitedHealthcare Medicare Comp Choice Rx	4%	\$9.00		•				•			•			•	96
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx	100%	\$0.00			•			•			•			•	96
	UnitedHealthcare Medicare Comp Choice Plus Rx	100%	\$22.29			•			•			•			•	96
UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	37%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Comp Plan 3 Rx	29%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	6%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	4%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	0%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	4%	\$0.00	•					•			•			•	96
	Evercare Plan H	29%	\$25.09	•					•			•			•	96
	Evercare Plan H	60%	\$25.09	•					•			•			•	96
	Evercare Plan DH	13%	\$29.32	•					•			•			•	96

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WellCare	WellCare Choice	4%	\$0.00	*					*			*			*	84
	WellCare Choice	1%	\$0.00	*					*			*			*	84
	WellCare Choice	1%	\$0.00	*					*			*			*	84
	WellCare Choice	5%	\$0.00	*					*		*	*			*	84
	WellCare Choice	8%	\$0.00	*					*			*	*		*	84
	WellCare Choice	10%	\$0.00	*					*			*	*		*	84
	WellCare Choice	11%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*			*	84
	WellCare Choice	5%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*			*	84
	WellCare Evergreen	11%	\$0.00	*					*			*	*		*	84
	WellCare Evergreen	10%	\$0.00	*					*			*	*		*	84
	WellCare Evergreen	8%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	1%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	4%	\$0.00	*					*			*	*		*	84
	WellCare Choice	2%	\$0.00	*					*			*			*	84
	WellCare Choice	2%	\$0.00	*					*			*	*		*	84
	WellCare Choice	1%	\$0.00	*					*			*	*		*	84
	WellCare Passport	11%	\$0.00	*					*			*			*	84
	WellCare Passport	10%	\$0.00	*					*			*			*	84
	WellCare Passport	8%	\$0.00	*					*			*			*	84
	WellCare Passport	5%	\$0.00	*					*			*			*	84
	WellCare Prescription Plus	2%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	2%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	2%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	0%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	0%	\$0.00	*					*			*	*		*	84
	WellCare Prescription Plus	1%	\$0.00	*					*			*	*		*	84
	WellCare Choice	0%	\$0.00	*					*		*	*			*	84
	WellCare Prescription Plus	5%	\$0.00	*					*			*	*		*	84
	WellCare Choice	0%	\$4.38	*					*		*	*			*	84
	WellCare Select	2%	\$7.46	*					*		*	*			*	84
	WellCare Select	8%	\$7.46	*					*		*	*			*	84
	WellCare Select	5%	\$7.46	*					*		*	*			*	84
	WellCare Select	4%	\$7.46	*					*		*	*			*	84
	WellCare Select	1%	\$7.46	*					*		*	*			*	84
	WellCare Select	5%	\$7.46	*					*		*	*			*	84
	WellCare Select	11%	\$7.46	*					*		*	*			*	84
	WellCare Select	10%	\$7.46	*					*		*	*			*	84
	WellCare Select	1%	\$7.46	*					*		*	*			*	84
	WellCare Select	0%	\$7.46	*					*		*	*			*	84
	WellCare Select	2%	\$7.46	*					*		*	*			*	84
	WellCare Select	2%	\$7.46	*					*		*	*			*	84
	WellCare Access	1%	\$25.70	*					*		*	*			*	84
	WellCare Access	0%	\$25.76	*					*		*	*			*	84
	WellCare Access	1%	\$25.82	*					*		*	*			*	84
	WellCare Access	2%	\$25.82	*					*		*	*			*	84
	WellCare Liberty	2%	\$25.82	*					*		*	*			*	84
	WellCare Access	4%	\$25.83	*					*		*	*			*	84
	WellCare Access	1%	\$25.83	*					*		*	*			*	84
	WellCare Access	2%	\$25.84	*					*		*	*			*	84
	WellCare Access	2%	\$25.84	*					*		*	*			*	84
	WellCare Access	2%	\$25.85	*					*		*	*			*	84
	WellCare Access	5%	\$25.86	*					*		*	*			*	84
	WellCare Access	5%	\$25.86	*					*		*	*			*	84
	WellCare Access	8%	\$25.86	*					*		*	*			*	84
	WellCare Access	11%	\$25.86	*					*		*	*			*	84
	WellCare Access	10%	\$25.86	*					*		*	*			*	84
	WellCare Liberty	8%	\$25.86	*					*		*	*			*	84